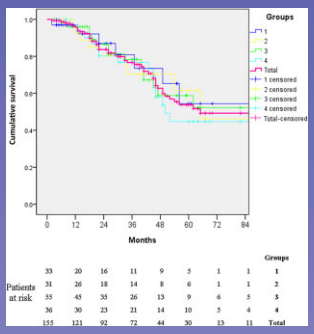
Highlights in this issue

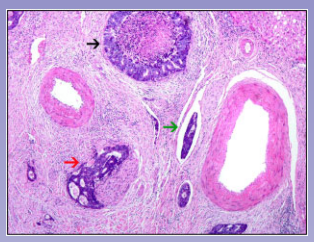


Postriganova *et al*., p. 822

What are the long term outcomes for patients who undergo resection for HCC?

Hepatocellular carcinoma (HCC) is a common disease entity presenting in patients referred to HPB surgeons. Unfortunately only the minority are suitable for surgical resection and long term outcomes remain relatively poor with recurrent disease occurring in the majority. It is unusual for long term actual survival data to be presented and when these are, many would argue that treatments have moved on and therefore the results are irrelevant to modern practice. Yet for HCC, this argument is hard to uphold due to the lack of major therapeutic advances. In this issue of *HPB*, *Franssen et al.* present a large series by western standards of 210 patients who underwent surgical resection for HCC and were followed for at least 10 years, thus providing 10 year actual survival data. Sixteen percent of patients were lost to follow up leaving 176 patients for analysis. Twenty–eight patients (16%) survived at least 10 years. Overall 112 (64%) patients developed recurrence. The authors then divided the patients into long term survivors (>10 year survival) and non-long term survivors (<10 year survival). Following multivariate analysis vascular invasion, intra-operative blood transfusion and recurrence within two years were independent predictors of poor survival. It is however possible other variables may be important but due to small numbers within the long term survivor group there remains a risk of type II error. The bimodal distribution of time to recurrence is striking and it would seem that the two populations are demonstrating different tumour biology with early recurrence representing metastatic disease with the late recurrence, *de novo* HCC in at risk hepatic parenchyma. Knowing this pattern of recurrence will be useful in tailoring follow up but also for in using the data to provide accurate information regarding conditional survival figures once patients are outside the two year point in follow up. The authors should be congratulated on the quality of the data and its presentation as it provides truly useful information for both clinicians and the patients themselves when faced with this difficult disease.

Saxon Connor

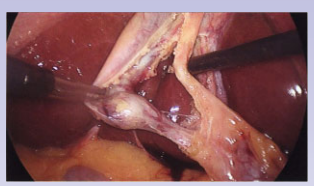


Gomez *et al*., p. 836

Donor age is no bar to successful liver transplantation unless the recipient has untreated hepatitis C virus disease

The disparity between supply and demand of donor livers for transplantation remains an ever-present challenge and drives the use of extended criteria donor organs. Donor age is one criterion that has been moving steadily upwards but changes have often been based on anecdote rather than evidence. In addition much of what we know about using older donor livers relates to short-term outcomes but there is clearly interest in how an already old liver will do in a recipient who may be expected to have a long post-transplant life expectancy. In this edition of *HPB*, *Chedid et al.* explore the Mayo Clinic experience of transplanting livers from 70 and 80 year old cadaveric donors. In their experience, 107 donor livers (14 % of the total series) were from this older population. Fewer livers from older donors were transplanted into recipients with hepatitis C, which concurs with their institutional policy based on evidence of better outcomes in hepatitis C recipients for liver transplantation from younger donors. They found no difference in graft or patient survival for the overall population based on donor age being greater or less than 70 years. In the hepatitis C recipients, there was a clear disadvantage both in terms of patient and graft survival to patients receiving a graft from an over 70 years donor. Although there is undoubtedly a need for careful selection of livers in the older populations with the avoidance of steatosis, there is clear evidence of benefit from using older livers from brainstem dead heart-beating donors. The introduction of new effective antiviral therapies for Hepatitis C may negate the observed adverse outcome association of transplanting older livers into hepatitis C recipients. Older individuals in society should be afforded the possibility of donating their livers, where appropriate, as it is clear that recipients will benefit.

Stephen J Wigmore



Lam *et al*., p. 859

Early organ dysfunction affects long-term survival in acute pancreatitis patients

Mortality risk prediction is an established concept for victims of severe acute pancreatitis (AP). Today's models gauge the clinical severity of the disease, and for a given patient, predict near-term risk of death. But for those who survive, and exit the storm, what does the future hold? *Skouras et al.* from Edinburgh sought to determine whether early organ dysfunction caused by AP alters the long-term lifespan of survivors. By mining a large single centre database of AP patients (n = 694) admitted over five years, and for whom long-term survival data were available, the authors reveal important truths about AP curiously underemphasized to date in our literature. Through an impressive statistical analysis, the authors show that early organ dysfunction during AP portends shorter lives for those who survive the index illness. This was independent of age, disease aetiology and gender, and stood true most notably when in-hospital deaths were excluded. At first, I was underwhelmed by this apparent and intuitive conclusion. On deeper read and reflection, though, I understood I should improve my practice. Because AP survivors with early organ dysfunction will die sooner, they need tighter deliberate long-term followup. Unlike the heart attack or stroke victim that often wears the damage of their acute illness, AP patients may go about life revealing little if anything of the threat still lurking. As their advocates and caregivers, we must keep them out of the storm.

Mark Callery